

<b>CLAIMS ONLY</b>	Application Number <b>09700129</b>	Filing Date
	Applicant(s)	

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		* May be used for additional claims or amendments						
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
1	1						51						
2		1					52						
3		1					53						
4	1						54						
5		1					55						
6		1					56						
7		1					57						
8	1						58						
9	1						59						
10	1						60						
11		1					61						
12	1						62						
13	cancel						63						
14	1						64						
15		1					65						
16		1					66						
17		1					67						
18		1					68						
19		1					69						
20	1						70						
21	cancel						71						
22		1					72						
23		1					73						
24		1					74						
25							75						
26							76						
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42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
Total	8						Total						
Indep	14						Indep						
Total							Total						
Depend							Depend						
Total	22						Total						
Claims							Claims						

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